Statement of Formula of Statement of File statement in the office where your nominating petition SECRETARY OF STATE Please read information on reverse side before completing the statement of Formula of File Statement of Formula of File Statement of Formula of File Statement of Fil	ion or convention nomination certification EQASFORATE
1. Name Norbert Barrie 2. Address 209 E 09K ST; Road 3. Office Sought District 2 How 4. What is your occupation/profession? Retire	e of Representations
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise. Tohn Hancock Gethicetory Beatern Ma Received by Candidate	What is the nature of your immediate family's association with each? The value of the financial interest need not be reported. Retired employee receiving renewal commission, and health ins.
6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise. ———————————————————————————————————	What is the nature of your immediate family's association with each?
State of South Dakota)) SS.	Verification
my financial interests for the preceding calendar year.	Regarding Statement of Financial Interest (attached), my on reported is a complete, true and accurate representation of a conclusion of the conclusion of th
(Seal) Revised 1997 WAYNE W. BOARD NOTARY PUBLIC SOUTH DAKOTA CANSOLUTE TO SOUTH DAKOTA CANSO	